

August 1991

PAGE 89

State/Territory: Kentucky

(dpt 9/17/98)

Citation

42 CFR 430.12(b)

7.4 State Governor's Review

The Medicaid Agency will provide opportunity for the Office of Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

☒ Not Applicable. The Governor--

☒ Does not wish to review any plan material.

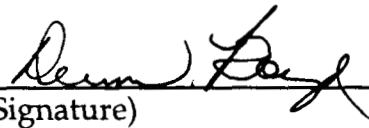
☐ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department for Medicaid Services

(Designated Single State Agency)

Date: April 20, 1998


(Signature)

Dennis Boyd, Commissioner
Department for Medicaid Services
(Title)

TN No. 98-07

Supersedes

TN No. 95-12

Approval Date 5/27/98

Effective Date 4/20/98